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Receipt
1615

TRANSMITTAL FORM		Application Number																																		
(to be used for all correspondence after initial filing)		09/782,594 ✓																																		
		Filing Date																																		
		February 12, 2001																																		
		First Named Inventor																																		
		Bianchi, John R.																																		
Group Art Unit		1615																																		
Examiner Name																																				
Attorney Docket Number		RTI-112 R 01915/13980US02																																		
Total Number of Pages in This Submission		5																																		
ENCLOSURES (check all that apply)																																				
<table border="0"><tr><td><input type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Assignment Papers (for an Application)</td><td><input type="checkbox"/> After Allowance Communication to Group</td></tr><tr><td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Drawing(s)</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input type="checkbox"/> Amendment/Reply</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input type="checkbox"/> After Final</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input type="checkbox"/> Affidavits/declaration(s)</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td>Request for Corrected Filing Receipt (w/Exhibit A)</td></tr><tr><td><input type="checkbox"/> Information Disclosure Statement</td><td><input type="checkbox"/> Request for Refund</td><td></td></tr><tr><td><input type="checkbox"/> Certified Copy of Priority Document(s)</td><td><input type="checkbox"/> CD Number of CD(s) _____</td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts/Incomplete Application</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td></td><td></td></tr></table>				<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Corrected Filing Receipt (w/Exhibit A)	<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD Number of CD(s) _____		<input type="checkbox"/> Response to Missing Parts/Incomplete Application			<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application																																				
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Remarks																																				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																				
Firm or Individual Name	McAndrews Held & Malloy, Ltd.																																			
Signature																																				
Date	June 17, 2003																																			
CERTIFICATE OF MAILING																																				
"Express Mail" mailing label number _____																																				
Date of Deposit: _____																																				
Name (Print/type)	Donald J. Boonapien	Registration No. (Attorney/Agent)	32,167																																	
Signature	<i>Donald J. Boonapien</i>	Date	June 17, 2003																																	

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TECHNOLOGY CENTER 3700



Attorney Docket No. RTI-112 R
01915/13980US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Bianchi, John R., *et al.*

Serial No.: 09/782,594

Filed: February 12, 2001

For: "Assembled Implant"

Group Art Unit: 1615

CERTIFICATE OF MAILING

I hereby certify that this paper (and all papers referred to herein) is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Mail Stop: OIPE Customer Service, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

June 17, 2003

Donald J. Pochopian
Registration No. 32,167
Attorney for Applicants

REQUEST FOR CORRECTED FILING RECEIPT

Mail Stop: OIPE Customer Service
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants respectfully request that the filing receipt for the above-identified case be corrected as follows:

Please change the attorney information from **DONALD J. POCHOPIAN** to **"DONALD J. POCHOPIEN"**.

Please also change the attorney's address from **ANDREWS, HELD, & MALLOY, LTD.** to **"McANDREWS, HELD & MALLOY, LTD."**

A copy of the Official Filing Receipt reflecting these changes in red is attached hereto as Exhibit A.

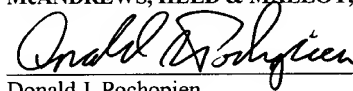
Correction of these errors by issuing a corrected filing receipt is respectfully requested.

In the event that any additional fees are required for the filing of this request, the Commissioner is hereby authorized to charge any fees which may be required as a result of filing this paper to Deposit Account No. 13-0017 in the name of McAndrews, Held & Malloy, Ltd. A duplicate copy of this document is enclosed.

Respectfully submitted,

McANDREWS, HELD & MALLOY, LTD.

By:



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500 West Madison Street, 34th Floor
Chicago, Illinois 60661
(312) 775-8133

Date: June 17, 2003

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/782,594	02/12/2001	1615	4458	RTI-112R	14	61	39

CONFIRMATION NO. 9490

CORRECTED FILING RECEIPT



OC000000010036973

Date Mailed: 05/15/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Domestic Priority data as claimed by applicant

This appln claims benefit of 60/181,622 02/10/2000
and is a CIP of 09/378,527 08/20/1999
and is a CIP of 09/390,174 09/07/1999
and is a CIP of 09/191,232 11/13/1998 PAT 6,482,584
and is a CIP of 09/722,205 11/25/2000
and is a CIP of 29/123,227 05/12/2000 PAT D,461,248
which claims benefit of 60/181,622 02/10/2000
This application 09/782,594
is a CIP of 08/920,630 08/27/1997 ABN

Foreign Applications

If Required, Foreign Filing License Granted: 03/17/2001

Projected Publication Date: Not Applicable

Non-Publication Request: No

Early Publication Request: No

Title

Assembled implant

Preliminary Class

424

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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